PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

Docket Number Q92127

Confirmation Number

6383

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number		10/561,437		Filing Date	Aug	ust 30, 2006	
For	A METAL-CURED POLYETHYLENE-METAL LAMINATE						
Art Unit	1787		Examiner Na	me	Kevin R KRUER		

			I									
Application Number 10/561,437			Filing Date	Filing Date August 30, 2006								
or	_	TAL-CURED POLYETHYLENE-METAL LAMI										
	rt Unit 1787			Examiner Name Kevin R KRUER								
		der the provisions of 37 CFR 1.136(a) to extend the pr			fied application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):												
			<u>Fee</u>	Small Entity Fee								
	Or	e month (37 CFR 1.17(a)(1))	\$130.00	\$65.00								
	Tw	o month (37 CFR 1.17(a)(2))	\$490.00	\$245.00								
☑	Th	ree month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	\$1110.00							
	☐ Four month (37 CFR 1.17(a)(4))			\$865.00								
	☐ Five month (37 CFR 1.17(a)(5))			\$1175.00								
☐ Pre	Previous Payment Amount Date S											
☐ Apı	plicant c	laims small entity status. See 37 CFR 1.27										
□ A c	A check in the amount of the fee is enclosed.											
☑ Pa	☑ Payment by credit card.											
☐ The	e Directo	or has already been authorized to charge fees	in this application	to a Deposit Acc	count.							
		or is hereby authorized to charge any fees, ex										
cre	dit any	overpayment, to Deposit Account Number 19-	4880.									
am the		applicant/inventor										
		assignee of record of the entire interest. See		200								
		Statement under 37 CFR 3.73(b) is enclosed	,	9 6).								
	☑	attorney or agent of record. Registration Nur	nber47,121									
		attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR	1 34									
		WASHINGTON	-									
		2337	13									
		CUSTOMER N										
/Keiko K. Takagi/				April 8, 2011								
		Signature		Date								
		Keiko K. Takagi		(202) 293-7060								
		Typed or printed name		Telephone Number								
		s of all the inventors or assignees of record of orms if more than one signature is required, so		or their represen	tative(s) are required.							
		oms il more trair one signature is required, si 1 form is submitted	CO DOIOW.									